

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of	Allowed May 27, 2009
Jeremy MARSHALL et al	Conf. 1342
Application No. 10/563,318	Group 3767
Filed January 4, 2006	Examiner Michael ANDERSON

AUTOMATIC PEN-TYPE INJECTOR

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents	June 2, 2009
P.O. Box 1450	
Alexandria, VA 22313-1450	

Sir:

Receipt is acknowledged of the Filing Receipt for
Serial No. 10/563,318.

It is requested that a new Filing Receipt be issued on
which the number of the priority document is correctly given as
0315600.7, as shown by the accompanying originally-filed
Application Data Sheet.

Respectfully submitted,

YOUNG & THOMPSON

Benoit Castel

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(703) 979-4709

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AUTOMATIC PEN-TYPE INJECTOR
Attorney Docket Number::	3003-1170
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: JEREMY
Middle Name::
Family Name:: MARSHALL
Name Suffix::
City of Residence:: OXFORD
State or Province of
Residence::
Country of Residence:: UNITED KINGDOM
Street of Mailing 16 CRANHAM STREET, JERICHO
Address::
City of Mailing Address:: OXFORD
State or Province of Mailing Address::
Country of Mailing Address:: UNITED KINGDOM
Postal or Zip Code of Mailing Address:: OX2 6DD

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: STEVEN
Middle Name:: MARK GUY
Family Name:: ROLFE
Name Suffix::
City of Residence:: OXON
State or Province of
Residence::
Country of Residence:: UNITED KINGDOM
Street of Mailing 18 CROSSLANDS, FRINGFORD, BICESTER
Address::
City of Mailing Address:: OXON

State or Province of Mailing Address::
Country of Mailing Address:: UNITED KINGDOM
Postal or Zip Code of Mailing Address:: OX27 8DF

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/GB2004/002903	7/5/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
UNITED KINGDOM	0315600.7	7/4/03	Yes

Assignment Information

Assignee Name:: OWEN MUMFORD LIMITED
Street of Mailing BROOK HILL, WOODSTOCK
Address::
City of Mailing Address:: OXFORDSHIRE
State or Province of Mailing Address::
Country of Mailing Address:: UNITED KINGDOM
Postal or Zip Code of Mailing Address:: OX20 1TU